

MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT  
RAVALLI COUNTY

<p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____</p> <p>Department No. _____</p> <p><b>OBJECTION TO INFORMATION IN FATHER'S FINANCIAL AFFIDAVIT</b></p> <p>(If you have an objection, this form must be completed and remitted to the Clerk of District Court's office <i><b>within ten days</b></i> of the date entered on the Certificate of Service - last page of the financial affidavit.)</p>
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I have exchanged Financial Affidavits with the father of my child(ren). I object to some of the information contained in his Affidavit as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheet, if necessary.)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

## **CERTIFICATE OF SERVICE**

I the undersigned, hereby certify that a true and correct copy of the foregoing Financial Affidavit was served the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

- [    ]    depositing the same in the U.S. Mail with postage pre-paid;  
or  
[    ]    personally delivering this document to the following person.

(Insert Name \_\_\_\_\_  
and Address) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature